



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number **10/078,247**

Filing Date **February 14, 2002**

First Named Inventor **Paul A. Wender**

Art Unit **1654**

Examiner Name **Satyanarayan R. Gudibande**

Attorney Docket
Number **8400-0013**

Mail Stop **Amendment**

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> No fee due
<input checked="" type="checkbox"/> Fee(s) due: \$60.00
Fee Transmittal
<input checked="" type="checkbox"/> Check enclosed
<input type="checkbox"/> Charge Deposit Account
No. 18-0580
<input type="checkbox"/> 37 CFR § 1.16
<input type="checkbox"/> 37 CFR § 1.17
<input checked="" type="checkbox"/> The Commissioner is
authorized to charge any
underpayment or credit any
overpayment to Deposit
Account No. 18-0580
<input checked="" type="checkbox"/> Return postcard
<input checked="" type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s) -
Affidavits/declaration(s)
<input checked="" type="checkbox"/> One-Month Extension of
Time | <input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Information Disclosure
Statement & PTO-Form
1449
<input type="checkbox"/> Copies of cited
reference(s)
<input type="checkbox"/> Response to Missing Parts /
Incomplete Application
<input type="checkbox"/> Declaration(s) by
Inventor(s)
<input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Updated Application Data
Sheet
<input type="checkbox"/> Drawing(s) - __ Sheets
<input type="checkbox"/> Compact Disk(s) - __ CD(s)
<input type="checkbox"/> Petition
<input type="checkbox"/> Power of Attorney & Address
Indication Form | <input type="checkbox"/> Revocation of & New Power of Attorney,
Address Indication Form
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> After Allowance Communication to a
Technology Center (TC)
<input type="checkbox"/> Appeal Communication to Board of
Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal
Notice, Brief, Reply Brief)
<input type="checkbox"/> Other Enclosure(s): |
|--|--|--|

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type) **James S. Nolan, Reg. No. 53,393
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.** Telephone **(650) 251-7700**

Signature  Date **September 11, 2007**

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type) **Joe Clark**

Signature 

Date **September 11, 2007**